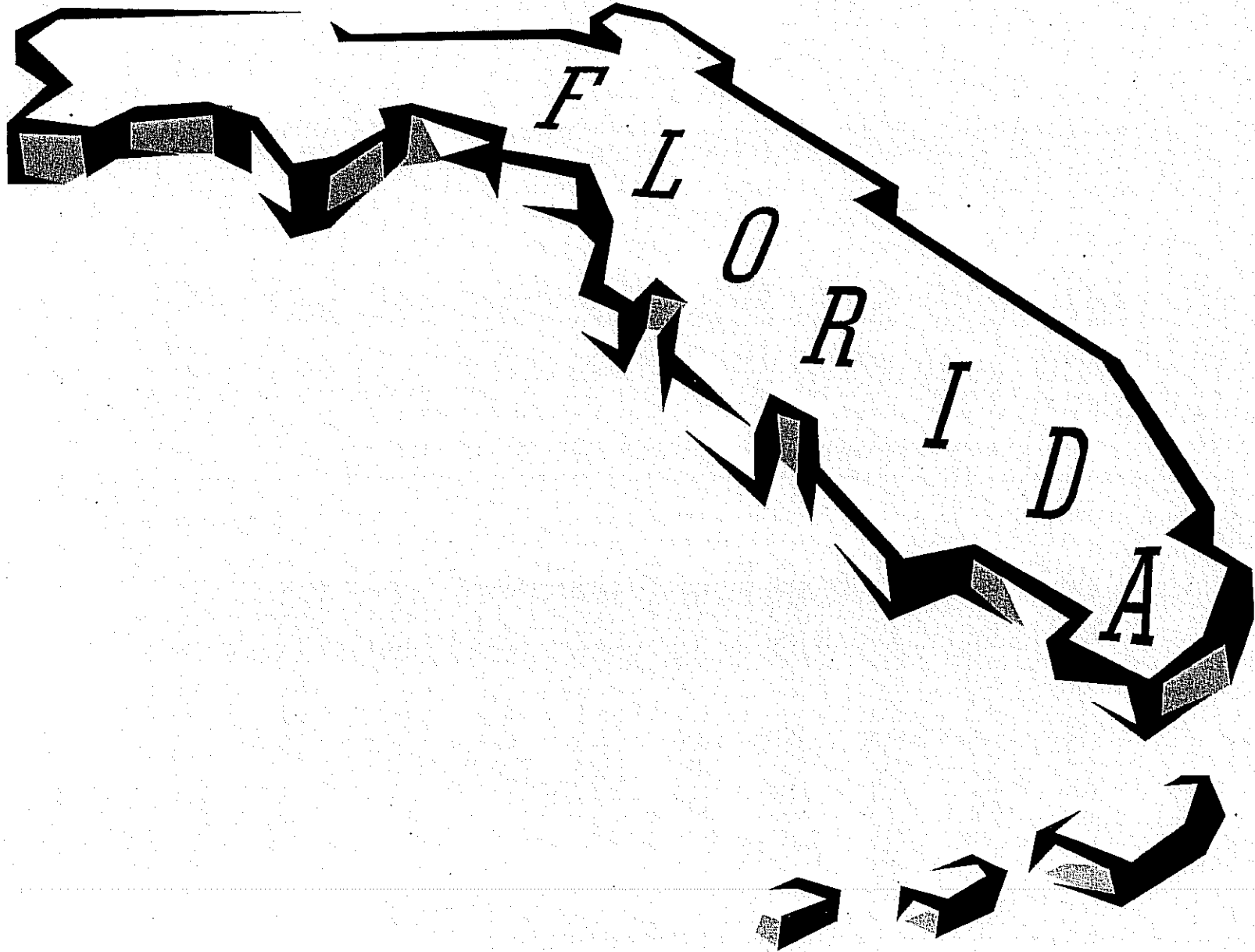
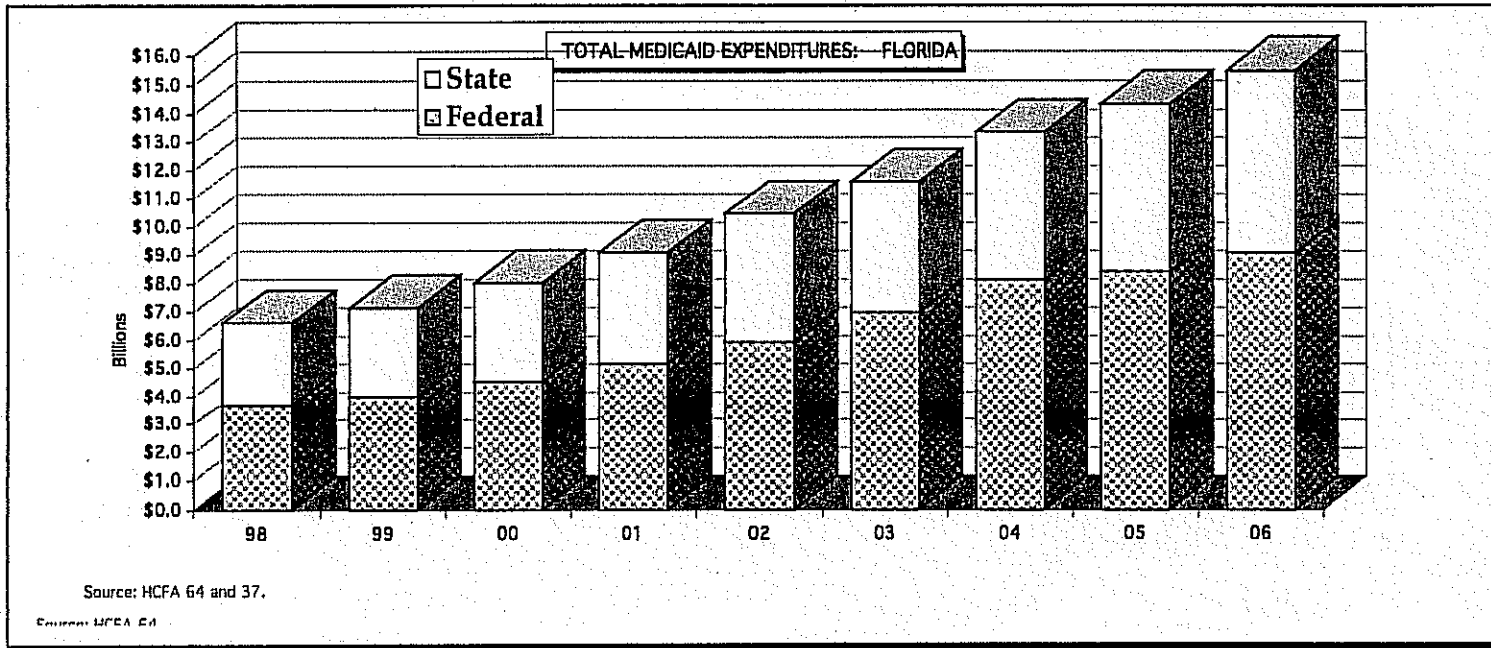


STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change 98-06	Total Change 98-06
Medicaid Payments	\$6,370,758,826	\$6,769,330,858	\$7,564,164,398	\$8,609,434,647	\$9,936,647,680	\$11,038,180,825	\$12,789,934,905	\$13,606,345,000	\$14,760,068,000	11.1%	131.7%
Federal Share	\$3,552,126,454	\$3,781,663,397	\$4,286,107,243	\$4,891,002,952	\$5,631,499,166	\$6,674,640,012	\$7,819,116,022	\$8,021,189,000	\$8,701,341,000	11.9%	145.0%
State Share	\$2,818,632,372	\$2,987,667,461	\$3,278,057,155	\$3,718,431,695	\$4,305,148,514	\$4,363,540,813	\$4,970,818,883	\$5,585,156,000	\$6,058,727,000	10.0%	115.0%
Administrative Costs	\$249,202,960	\$375,049,767	\$457,606,645	\$488,243,434	\$528,381,789	\$548,942,130	\$578,830,618	\$741,182,000	\$723,340,000	14.2%	190.3%
Federal Share	\$133,451,996	\$205,391,389	\$247,122,600	\$265,513,881	\$287,929,940	\$304,067,260	\$316,439,854	\$401,412,000	\$393,416,000	14.5%	194.8%
State Share	\$115,750,964	\$169,658,378	\$210,484,045	\$222,729,553	\$240,451,849	\$244,874,870	\$262,390,764	\$339,770,000	\$329,924,000	14.0%	185.0%
Admin. Costs as % of Payments	3.91%	5.54%	6.05%	5.67%	5.32%	4.97%	4.53%	5.45%	4.90%		
Federal Match Rate*	55.65%	55.82%	56.52%	56.62%	56.43%	58.83%	58.93%	58.90%	58.89%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 05 and 06 reflect latest estimates reported by each state (CMS 37).

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$2,674,532,372	\$3,312,531,512	\$115,750,964	\$262,390,764
Local Funds	\$0	\$445,611,928	\$0	\$0
Provider Taxes	\$144,100,000	\$310,829,421	\$0	\$0
Donations*	\$0	\$0	\$0	\$0
Other**	\$0	\$901,846,022	\$0	\$0
Total State Share	\$2,818,632,372	\$4,970,818,883	\$115,750,964	\$262,390,764

Provider Taxes Currently in Place (FFY 04)		Amount
	Tax Rate	
General Hospitals		\$310,829,421
Inpatient Services	1.5% of net operating revenue	
Outpatient Services	1.0% of net operating revenue	
Total		\$310,829,421

*Donations: Pharmaceutical Rebates, Fraud & Abuse recoupments, Transfers from Counties

**Other: Cigarette Tax, Tobacco Settlement, Interest

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$221,802,934	\$211,015,425	\$200,639,067	\$189,094,373	\$222,430,909	\$182,536,044	\$203,645,375	\$242,738,000	\$216,479,000	1.3%
Mental Hospitals	\$148,951,110	\$149,714,985	\$147,845,588	\$149,714,986	\$148,287,275	\$88,239,048	\$103,505,949	\$116,528,000	\$103,581,000	-5.8%
Total	\$370,754,044	\$360,730,410	\$348,484,655	\$338,809,359	\$370,718,184	\$270,775,092	\$307,151,324	\$359,266,000	\$320,060,000	-1.4%

SELECTED ELIGIBILITY CRITERIA

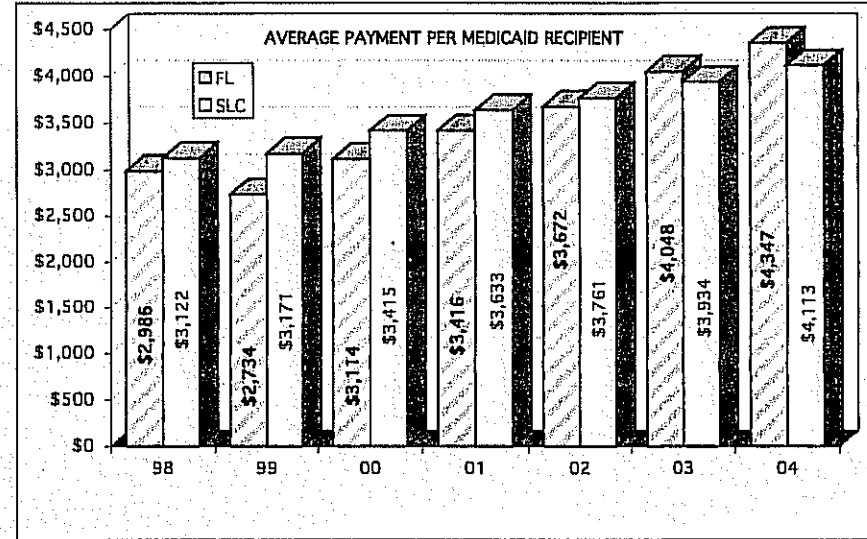
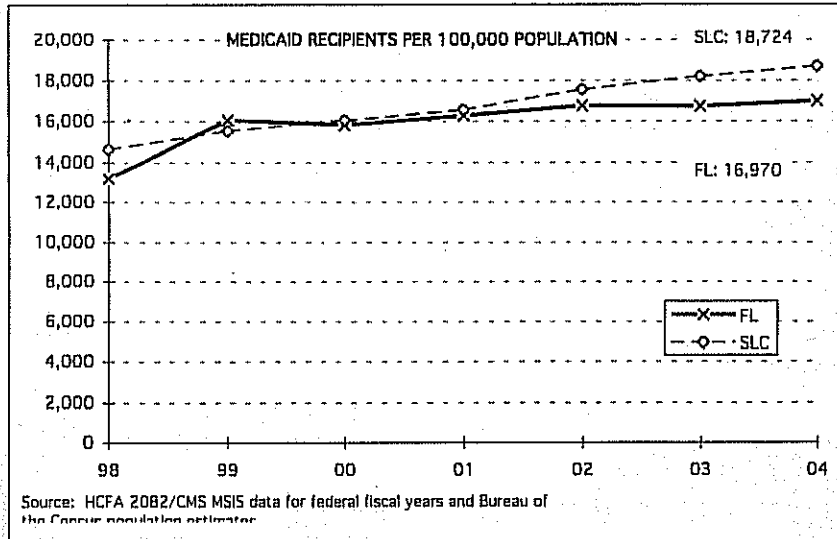
DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)

SELECTED ELIGIBILITY CRITERIA			DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)		
	At 10/1/04	% of FPL*			Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)			State population—July 1, 2004*	17,397,161	4
Need Standard	\$1,306	100.0%	Per capita personal income**	\$31,455	23
Payment Standard	\$198	15.2%	Median household income**	\$38,572	37
Maximum Payment	\$303	23.2%	Population below Federal Poverty Level on July 1, 2003*	2,209,439	
Medically Needy Program (Family of 3)			Percent of total state population	12.7%	17
Income Eligibility Standard	\$303		Population without health insurance coverage*	3,071,000	3
Resource Standard	\$6,000		Percent of total state population	17.7%	8
Pregnant Women, Children and Infants (% of FPL*)			Recipients of Food Stamps***	1,225,900	4
Pregnant women and infants		185.0%	Households receiving Food Stamps***	591,792	4
Children age 1 to 5		133.0%	Total value of issuance***	\$1,193,506,140	5
Children age 6 to 18		100.0%	Average monthly benefit per recipient	\$81.13	10
SSI Eligibility Levels			Average monthly benefit per household	\$168.06	
Income:			Monthly recipients of Temporary Assistance to Needy Families (TANF)****	124,429	11
Single Person	\$564	72.7%	Total TANF payments****	\$185,715,862	30
Couple	\$846	81.3%	Average monthly payment per recipient	\$124.38	30
Resources:			Maximum monthly payment per family of 3	\$303.00	35
Single Person	\$2,000				
Couple	\$3,000				

*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 98**	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change
01. General Hospital	241,668	405,623	448,982	410,596	432,107	408,060	433,417	10.2%
02. Mental Hospital	253	220	234	144	346	125	160	-7.4%
03. Skilled and Intermediate (non-MR) Care Nursing	73,030	91,985	89,954	111,174	107,237	98,808	114,134	7.7%
04. Intermediate Care for Mentally Retarded	3,567	3,664	3,589	3,551	3,468	3,448	3,376	-0.9%
05. Physician Services	754,818	1,026,745	1,037,041	1,162,536	1,228,615	1,278,637	1,330,443	9.9%
06. Dental Services	374,202	341,397	358,949	374,477	415,419	396,846	410,093	1.5%
07. Other Practitioners	121,191	161,606	182,617	226,893	252,701	259,220	224,025	10.8%
08. Outpatient Hospital	644,876	1,055,037	1,111,223	1,036,386	1,011,120	939,204	1,042,007	8.3%
09. Clinic Services	169,145	226,449	243,761	280,990	310,422	306,911	338,137	12.2%
10. Lab and X-Ray	463,748	667,887	696,834	780,039	816,760	862,123	916,450	12.0%
11. Home Health	33,307	56,606	63,906	76,529	87,207	96,057	105,263	21.1%
12. Prescribed Drugs	1,014,372	1,079,997	1,072,082	1,159,155	1,245,461	1,309,456	1,350,741	4.9%
13. Family Planning	137	9,879	12,005	9,952	9,363	9,248	9,531	102.8%
14. Early & Periodic Screening, Diagnosis & Treatment	256,591	0	0	0	0	0	0	-100.0%
15. Other Care	275,172	582,943	606,677	701,699	915,937	838,570	821,437	20.0%
16. Personal Care Support Services	199,651	212,120	229,299	268,265	296,865	300,111	295,758	0.0%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	0.0%
18. Prepaid Health Care	791,752	836,479	768,754	879,352	1,097,790	1,133,720	1,428,958	0.0%
19. Primary Care Case Management (PCCM) Services	841,304	740,487	879,072	947,040	948,864	1,128,371	1,182,219	0.0%
Total*	1,904,591	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	7.6%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
	01. General Hospital	\$1,038,563,277	\$1,104,464,305	\$1,289,042,041	\$1,606,925,885	\$1,911,377,694	\$2,179,604,877	\$2,737,077,824	17.5%
02. Mental Hospital	\$14,638,423	\$36,866,458	\$88,838,028	\$98,367,444	\$93,246,258	\$58,321,968	\$71,191,165	30.2%	0.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,340,608,163	\$1,390,332,461	\$1,513,576,612	\$1,531,822,453	\$1,886,566,368	\$2,141,536,789	\$2,265,302,558	9.1%	17.7%
04. Intermediate Care for Mentally Retarded	\$255,636,949	\$267,027,364	\$279,634,012	\$288,706,246	\$310,394,497	\$315,468,812	\$309,107,576	3.2%	2.4%
05. Physician Services	\$201,410,207	\$346,965,626	\$377,329,125	\$416,450,728	\$464,444,671	\$522,810,315	\$632,338,890	21.0%	4.9%
06. Dental Services	\$79,571,073	\$86,994,473	\$93,258,140	\$84,342,950	\$94,114,479	\$86,063,822	\$91,784,546	2.4%	0.7%
07. Other Practitioners	\$37,239,783	\$11,538,834	\$14,345,085	\$19,371,157	\$22,428,448	\$24,648,641	\$20,424,203	-9.5%	0.2%
08. Outpatient Hospital	\$322,884,138	\$303,908,598	\$357,121,891	\$352,754,166	\$357,058,855	\$400,590,600	\$461,875,721	6.1%	3.6%
09. Clinic Services	\$103,185,250	\$199,964,978	\$215,937,614	\$250,223,795	\$264,417,717	\$294,099,648	\$319,334,458	20.7%	2.5%
10. Lab and X-Ray	\$36,231,750	\$60,300,118	\$65,678,261	\$76,519,161	\$84,502,326	\$97,110,704	\$113,286,155	20.9%	0.9%
11. Home Health	\$75,237,726	\$136,690,552	\$169,113,580	\$202,103,358	\$228,095,839	\$246,385,426	\$260,027,573	23.0%	2.0%
12. Prescribed Drugs	\$933,782,041	\$1,092,855,918	\$1,366,193,807	\$1,487,935,645	\$1,736,991,594	\$2,062,349,922	\$2,458,521,754	17.5%	19.2%
13. Family Planning	\$81,663	\$2,600,867	\$3,438,081	\$3,232,247	\$3,930,124	\$3,641,193	\$3,897,802	90.5%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$28,486,368	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$108,796,297	\$433,324,033	\$527,926,702	\$721,805,085	\$899,031,616	\$1,018,739,075	\$1,065,333,345	46.3%	8.3%
16. Personal Care Support Services	\$391,136,226	\$184,878,467	\$225,888,869	\$285,758,188	\$328,213,643	\$379,373,858	\$446,261,503	2.2%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$701,322,837	\$764,245,423	\$742,735,652	\$948,734,189	\$1,118,823,609	\$1,246,828,073	\$1,550,576,155	14.1%	12.1%
19. Primary Case Management (PCCM) Services	\$18,032,691	\$16,669,626	\$20,305,524	\$23,106,828	\$23,365,950	\$26,802,327	\$28,093,464	7.7%	0.2%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	14.5%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total
01. General Hospital	\$4,297.48	\$2,722.88	\$2,871.03	\$3,913.64	\$4,423.39	\$5,341.38	\$6,315.11	6.6%	16.5%
02. Mental Hospital	\$57,859.38	\$167,574.81	\$379,649.69	\$683,107.25	\$269,497.86	\$466,575.74	\$444,944.78	40.5%	2248.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,356.95	\$15,114.77	\$16,826.12	\$13,778.60	\$17,592.49	\$21,673.72	\$19,847.75	1.3%	-11.4%
04. Intermediate Care for Mentally Retarded	\$71,667.21	\$72,878.65	\$77,914.19	\$81,302.80	\$89,502.45	\$91,493.27	\$91,560.30	4.2%	13.9%
05. Physician Services	\$266.83	\$337.93	\$363.85	\$358.23	\$378.02	\$408.88	\$475.28	10.1%	-13.4%
06. Dental Services	\$212.64	\$254.82	\$259.81	\$225.23	\$226.55	\$216.87	\$223.81	0.9%	-35.8%
07. Other Practitioners	\$307.28	\$71.40	\$78.55	\$85.38	\$88.75	\$95.09	\$91.17	-18.3%	-52.0%
08. Outpatient Hospital	\$500.69	\$288.05	\$321.38	\$340.37	\$353.13	\$426.52	\$443.26	-2.0%	-28.0%
09. Clinic Services	\$610.04	\$883.05	\$885.86	\$890.51	\$851.80	\$958.26	\$944.39	7.6%	46.3%
10. Lab and X-Ray	\$78.13	\$90.28	\$94.25	\$98.10	\$103.46	\$112.64	\$123.61	7.9%	-36.7%
11. Home Health	\$2,258.92	\$2,414.77	\$2,646.29	\$2,640.87	\$2,615.57	\$2,564.99	\$2,470.27	1.5%	-16.1%
12. Prescribed Drugs	\$920.55	\$1,011.91	\$1,274.34	\$1,283.64	\$1,394.66	\$1,574.97	\$1,820.13	12.0%	26.3%
13. Family Planning	\$596.08	\$263.27	\$286.39	\$324.78	\$419.75	\$393.73	\$408.96	-6.1%	-64.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$111.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$395.38	\$743.34	\$870.19	\$1,028.65	\$981.54	\$1,214.85	\$1,296.91	21.9%	-32.3%
16. Personal Care Support Services	\$1,959.10	\$871.57	\$985.13	\$1,065.21	\$1,105.60	\$1,264.11	\$1,508.87	-4.3%	0.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
18. Prepaid Health Care	\$885.79	\$913.65	\$966.16	\$1,078.90	\$1,019.16	\$1,099.77	\$1,085.11	3.4%	0.0%
19. Primary Care Case Management (PCCM) Services	\$21.43	\$22.51	\$23.10	\$24.40	\$24.63	\$23.75	\$23.76	1.7%	0.0%
Total (Average)	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	6.5%	5.7%
TOTAL PER CAPITA EXPENDITURES	\$459.12	\$486.77	\$537.80	\$602.05	\$654.79	\$706.68	\$768.45	9.0%	-12.3%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	1,100,787	981,059	971,716	1,004,077	1,033,046	1,063,659	1,152,371	0.8%	39.0%
Poverty Related Eligibles	498,267	639,175	688,275	799,583	832,529	932,107	995,386	12.2%	33.7%
Medically Needy	41,070	40,037	45,079	43,713	47,717	57,567	61,534	7.0%	2.1%
Other Eligibles	249,348	215,341	271,694	327,317	462,626	463,590	492,274	12.0%	16.7%
Maintenance Assistance Status Unknown	15,119	480,026	383,653	283,919	300,317	226,445	250,798	59.7%	8.5%
Total	1,904,591	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	7.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	570,544	580,354	598,659	630,460	762,698	688,111	743,331	4.5%	25.2%
Children	944,280	921,175	973,911	1,092,438	1,331,626	1,248,947	1,342,820	6.0%	45.5%
Foster Care Children	20,311	33,418	35,912	37,322	43,369	41,929	44,989	14.2%	1.5%
Adults	354,337	340,665	368,282	414,470	538,542	537,774	574,590	8.4%	19.5%
Basis of Eligibility Unknown	15,119	480,026	383,653	283,919	0	226,607	246,633	59.3%	8.4%
Total	1,904,591	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	7.6%	100.0%
By Age									
Under Age 1	72,385	74,724	80,350	86,292	93,939	99,727	107,041	6.7%	3.6%
Age 1 to 5	360,477	349,318	374,752	424,557	472,468	506,219	542,079	7.0%	18.4%
Age 6 to 14	457,266	458,153	476,199	525,077	580,830	611,335	656,148	6.2%	22.2%
Age 15 to 20	175,370	193,695	206,132	229,984	257,194	279,195	298,533	9.3%	10.1%
Age 21 to 44	424,619	404,760	429,386	470,685	503,685	523,217	562,949	4.8%	19.1%
Age 45 to 64	150,693	153,880	163,126	177,479	191,990	203,717	218,721	6.4%	7.4%
Age 65 to 74	100,119	97,685	100,804	107,882	116,004	124,218	133,540	4.9%	4.5%
Age 75 to 84	85,574	82,802	85,355	91,228	96,855	103,856	111,722	4.5%	3.8%
Age 85 and Over	65,924	60,594	60,671	61,516	62,967	65,407	70,842	1.2%	2.4%
Age Unknown	12,164	480,027	383,642	283,909	300,303	226,477	250,788	65.6%	8.5%
Total	1,904,591	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	7.6%	100.0%
By Race									
White	759,097	980,229	965,595	1,006,913	888,501	923,075	1,002,693	4.7%	34.0%
Black	663,851	748,484	734,168	765,614	738,367	759,961	823,536	3.7%	27.9%
Hispanic, American Indian or Asian	315,386	409,300	431,608	448,219	500,550	540,348	578,480	10.6%	19.6%
Other/Unknown	166,257	217,625	229,046	237,863	548,817	519,984	547,654	22.0%	18.5%
Total*	1,904,591	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	7.6%	100.0%
By Sex									
Female	1,144,816	1,433,096	1,427,997	1,487,960	1,409,826	1,485,966	1,606,899	5.8%	54.4%
Male	747,611	917,937	928,698	966,396	964,823	1,029,220	1,109,288	6.8%	37.6%
Unknown	12,164	4,605	3,722	4,253	301,586	228,182	236,176	63.9%	8.0%
Total*	1,904,591	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	7.6%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,950,414,878	\$3,221,206,318	\$3,582,721,921	\$4,001,851,080	\$4,342,667,334	\$4,908,672,895	\$5,724,229,952	11.7%	44.0%
Poverty Related Eligibles	\$1,348,334,446	\$1,576,409,431	\$1,719,640,919	\$1,922,771,392	\$2,106,706,190	\$2,473,495,408	\$2,868,640,152	13.4%	22.4%
Medically Needy	\$126,182,907	\$136,691,215	\$169,564,543	\$171,946,765	\$202,582,853	\$278,927,981	\$317,420,170	16.6%	2.5%
Other Eligibles	\$1,236,568,867	\$1,294,893,932	\$1,534,339,321	\$1,746,670,103	\$2,328,918,754	\$2,630,065,022	\$3,011,885,029	16.0%	23.5%
Maintenance Assistance Status Unknown	\$25,343,764	\$210,427,205	\$344,096,320	\$554,920,185	\$846,128,557	\$813,214,744	\$912,259,389	81.7%	7.1%
Total	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	14.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,214,444,584	\$4,686,681,537	\$5,304,896,347	\$5,810,939,356	\$6,672,203,209	\$7,611,255,400	\$8,827,115,797	13.1%	68.8%
Children	\$846,258,629	\$869,970,939	\$961,815,244	\$1,144,625,407	\$1,303,537,814	\$1,436,019,441	\$1,668,633,281	12.0%	13.0%
Foster Care Children	\$51,456,136	\$110,904,666	\$120,979,089	\$135,777,344	\$154,779,453	\$182,593,611	\$209,409,218	26.4%	1.6%
Adults	\$549,341,749	\$561,643,754	\$618,576,024	\$751,897,233	\$850,492,790	\$1,059,556,240	\$1,215,223,731	14.1%	9.5%
Basis of Eligibility Unknown	\$25,343,764	\$210,427,205	\$344,096,320	\$554,920,185	\$845,990,422	\$814,951,358	\$914,052,665	81.8%	7.1%
Total	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	14.5%	100.0%
By Age									
Under Age 1	\$207,214,109	\$214,468,858	\$243,285,913	\$281,784,505	\$284,968,780	\$348,364,745	\$404,374,703	11.8%	3.2%
Age 1 to 5	\$426,888,964	\$511,848,067	\$570,377,512	\$682,240,625	\$769,927,897	\$981,051,296	\$1,017,252,022	15.6%	7.9%
Age 6 to 14	\$428,913,238	\$527,916,518	\$587,540,095	\$704,285,780	\$798,380,718	\$888,881,967	\$1,028,400,000	15.7%	8.0%
Age 15 to 20	\$295,567,125	\$363,868,824	\$403,783,164	\$483,348,256	\$543,683,069	\$623,960,160	\$720,171,843	16.0%	5.6%
Age 21 to 44	\$1,379,641,858	\$1,476,598,270	\$1,635,143,608	\$1,847,143,319	\$2,046,695,874	\$2,289,183,622	\$2,667,563,479	11.6%	20.8%
Age 45 to 64	\$948,473,963	\$1,085,760,072	\$1,290,961,928	\$1,486,934,092	\$1,747,683,325	\$2,054,164,321	\$2,359,507,352	16.4%	18.4%
Age 65 to 74	\$492,763,811	\$520,768,585	\$588,764,856	\$624,266,453	\$726,621,030	\$849,959,230	\$984,770,759	12.2%	7.7%
Age 75 to 84	\$672,651,882	\$694,789,645	\$783,612,856	\$824,070,714	\$982,720,274	\$1,134,133,908	\$1,314,631,286	11.8%	10.2%
Age 85 and Over	\$814,255,757	\$833,142,370	\$902,815,626	\$909,280,238	\$1,080,283,779	\$1,221,377,550	\$1,425,595,472	9.8%	11.1%
Age Unknown	\$20,474,155	\$210,466,892	\$344,077,466	\$554,805,543	\$846,038,942	\$813,299,251	\$912,167,776	88.3%	7.1%
Total	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	14.5%	100.0%
By Race									
White	\$2,882,195,485	\$3,360,406,164	\$3,760,149,721	\$4,309,561,680	\$4,354,833,378	\$4,895,171,895	\$5,730,394,593	12.1%	44.0%
Black	\$1,489,923,156	\$1,532,181,868	\$1,750,088,067	\$2,001,191,843	\$2,199,521,262	\$2,424,610,929	\$2,828,623,169	11.3%	22.0%
Hispanic, American Indian or Asian	\$499,546,175	\$565,044,456	\$675,289,579	\$767,776,170	\$992,737,256	\$1,171,440,057	\$1,337,044,370	17.8%	10.4%
Other/Unknown	\$815,180,046	\$981,995,613	\$1,164,835,657	\$1,319,629,832	\$2,279,911,792	\$2,613,153,169	\$2,938,372,560	23.8%	22.9%
Total*	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	14.5%	100.0%
By Sex									
Female	\$2,186,073,956	\$3,836,511,323	\$4,374,828,179	\$4,972,393,755	\$5,373,848,783	\$6,154,803,718	\$7,108,283,923	21.7%	55.4%
Male	\$3,480,296,751	\$2,599,731,918	\$2,972,203,906	\$3,419,543,912	\$3,605,408,049	\$4,132,882,060	\$4,849,276,183	5.7%	37.8%
Unknown	\$20,474,155	\$3,384,860	\$3,330,939	\$6,221,858	\$847,746,856	\$816,690,272	\$876,874,586	87.0%	6.8%
Total*	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	14.5%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Above (+) or Below (-) SLC Avg. FFY 04
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,680.28	\$3,283.40	\$3,687.01	\$3,985.60	\$4,203.75	\$4,614.89	\$4,967.35	10.8%	-5.5%
Poverty Related Eligibles	\$2,706.05	\$2,466.32	\$2,498.48	\$2,404.72	\$2,530.49	\$2,653.66	\$2,881.94	1.1%	40.9%
Medically Needy	\$3,072.39	\$3,414.12	\$3,761.50	\$3,933.54	\$4,245.51	\$4,845.28	\$5,158.45	9.0%	-16.9%
Other Eligibles	\$4,959.21	\$6,013.23	\$5,647.31	\$5,336.33	\$5,034.13	\$5,673.26	\$6,118.31	3.6%	-15.7%
Maintenance Assistance Status Unknown	\$1,676.29	\$438.37	\$896.89	\$1,954.50	\$2,817.45	\$3,591.22	\$3,637.43	13.8%	0.0%
Total	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	6.5%	5.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,386.71	\$8,075.56	\$8,861.30	\$9,216.98	\$8,748.16	\$11,061.09	\$11,875.08	8.2%	10.1%
Children	\$896.19	\$944.41	\$987.58	\$1,047.77	\$978.91	\$1,149.78	\$1,242.63	5.6%	-15.8%
Foster Care Children	\$2,533.41	\$3,318.71	\$3,368.77	\$3,638.00	\$3,568.90	\$4,354.83	\$4,654.68	10.7%	-32.4%
Adults	\$1,550.34	\$1,648.67	\$1,679.63	\$1,814.12	\$1,579.25	\$1,970.26	\$2,114.94	5.3%	-19.5%
Basis of Eligibility Unknown	\$1,676.29	\$438.37	\$896.89	\$1,954.50	\$0.00	\$3,596.32	\$3,706.12	14.1%	0.0%
Total	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	6.5%	5.7%
By Age									
Under Age 1	\$2,862.67	\$2,870.15	\$3,027.83	\$3,265.48	\$3,033.55	\$3,493.18	\$3,777.76	4.7%	1.7%
Age 1 to 5	\$1,184.23	\$1,465.28	\$1,522.01	\$1,606.95	\$1,629.59	\$1,740.45	\$1,876.58	8.0%	4.4%
Age 6 to 14	\$938.00	\$1,152.27	\$1,233.81	\$1,341.30	\$1,374.55	\$1,454.00	\$1,567.33	8.9%	-6.6%
Age 15 to 20	\$1,685.39	\$1,878.57	\$1,958.86	\$2,101.66	\$2,113.90	\$2,234.85	\$2,412.37	6.2%	-9.3%
Age 21 to 44	\$3,249.13	\$3,648.08	\$3,808.10	\$3,924.37	\$4,063.44	\$4,375.21	\$4,738.55	6.5%	-1.8%
Age 45 to 64	\$6,294.08	\$7,055.89	\$7,913.89	\$8,378.08	\$9,102.99	\$10,083.42	\$10,787.75	9.4%	12.1%
Age 65 to 74	\$4,921.78	\$5,331.10	\$5,840.69	\$5,786.57	\$6,263.76	\$6,842.48	\$7,374.35	7.0%	-0.2%
Age 75 to 84	\$7,860.47	\$8,390.98	\$9,180.63	\$9,033.09	\$10,146.30	\$10,920.25	\$11,766.99	7.0%	5.4%
Age 85 and Over	\$12,351.43	\$13,749.59	\$14,880.51	\$14,781.20	\$17,156.35	\$18,673.50	\$20,123.59	8.5%	17.1%
Age Unknown	\$1,683.18	\$438.45	\$896.87	\$1,954.17	\$2,817.28	\$3,591.09	\$3,637.21	13.7%	0.0%
Total	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	6.5%	5.7%
By Race									
White	\$3,796.87	\$3,428.18	\$3,894.13	\$4,279.97	\$4,901.33	\$5,303.11	\$5,715.00	7.1%	14.3%
Black	\$2,244.36	\$2,047.05	\$2,383.77	\$2,613.84	\$2,978.90	\$3,190.44	\$3,434.73	7.3%	0.3%
Hispanic, American Indian or Asian	\$1,583.92	\$1,380.51	\$1,564.59	\$1,712.95	\$1,983.29	\$2,167.94	\$2,311.31	6.5%	-10.3%
Other/Unknown	\$4,903.13	\$4,512.33	\$5,085.60	\$5,547.86	\$4,154.23	\$5,025.45	\$5,365.38	1.5%	8.3%
Total	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	6.5%	5.7%
By Sex									
Female	\$1,909.54	\$2,677.08	\$3,063.61	\$3,341.75	\$3,811.71	\$4,141.95	\$4,423.60	15.0%	5.6%
Male	\$4,655.22	\$2,832.15	\$3,200.40	\$3,538.45	\$3,736.86	\$4,015.55	\$4,371.52	-1.0%	9.2%
Unknown	\$1,683.18	\$735.04	\$894.93	\$1,462.93	\$2,810.96	\$3,579.12	\$3,712.80	14.1%	-9.4%
Total	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	6.5%	5.7%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

Waivers

The state operates three Freedom of Choice Waivers, under Title XIX, Section 1115, to establish a coordinated network of Medicaid providers. These include:

- Consumer Directed Care was implemented in 1999 and approximately 1,092 participants are currently receiving a monthly budget.
- Family Planning Waiver, under Section 1115, Title IV-A, of the Social Security Act, extends family planning services to women with incomes up to 185% of the FPL for two years post partum, operating since October 1, 1998. The program serves approximately 28,650 individuals in need of family planning.
- Silver Saver Drug Program: This is a five year 1115 demonstration waiver to extend access to Medicaid prescription drug coverage to individuals with incomes between 88% (\$8,193) and 120% (\$11,172) of the FPL. The waiver began on August 1, 2002. Enrollment capped at 68,149 individuals.

The state operates two general managed care and selective contracting waivers, under Title XIX, Section 1915 (b), to establish a coordinated network of Medicaid providers. These include:

- Primary Care Case Management Program (MediPass), which provides case management services for TANF and SSI-Non Medicare recipients statewide and has been operating since 1991.
- Non-emergency Medical Transportation: Provides services to approximately 2 million Medicaid recipients. Implemented June 2001 and renewed December 2004.

Several Home and Community Based and Specialty Service Waivers, under Section 1915 (b/c), enable the state to provide long-term care services to people who otherwise would require institutionalization. These waivers include:

- Prepaid Mental Health Plan through Florida Health Partnership provides mental health services for beneficiaries in a five-county area and has been operating since March, 1996. Through this program, approximately 55,000 individuals receive a broad array of mental health services.
- Aged & Disabled Age 18 and Over: The waiver serves 9,557 people, operating since April 1, 1982.
- Developmental Services (MR/DD): Two waivers serve approximately 25,000 people, operating since June 14, 1980.
- Assisted Living for the Elderly Waiver is a home and community-based services program. Implemented statewide February 1, 1995. Serves recipients who reside in qualified ALFs.
- AIDS: Project Aids Care served 5,952 beneficiaries in FY 04, operating since November 1, 1989.
- Model Waiver: Serves children with Degenerative Spinocerebellar Diseases, serves 5 people, operating since June 14, 1991.
- Nursing Home Diversion Waiver authorizes a long-term care demonstration project to allow the state to contract with various pre-paid, capitated risk-based health plans designed to provide primary and long-term health care services to individuals who are eligible for both Medicare and Medicaid. Implementation of the program began in December of 1998. The waiver currently serves 5,596 individuals.
- Traumatic Brain Injury and Spinal Cord Waiver, authorized in Regular Session 1998. The state implemented the program in September of 1999. Current enrollment is approximately 261 individuals.
- The Channeling Project: Provides home and community based services through an organized health care delivery system to approximately 1,500 individuals, operating since 1985. During FY 04, the waiver served 1,327 recipients.
- The Supported Living Waiver is a home and community-based services program, effective October 1, 1998. It replaced the Supported Living Arrangement Program.
- Adult Day Health Care Waiver: Implemented in two areas of the state in 2004, currently serves 31 recipients.
- Alzheimer's Disease Waiver: Began operation in 2005, will serve up to 350 individuals in three areas of the state.
- Adult Cystic Fibrosis Waiver: Approved 2002. Provides HCBS to reduce risk of hospitalization for 126 people.

SOUTHERN REGION MEDICAID PROFILE

Waivers (Continued)

- In 2001, CMS approved another 1915 (b) waiver authorizing the state to implement a Statewide Inpatient Psychiatric Program (SIPP) for Medicaid recipients under the age of 18 that require placement in a psychiatric residential setting due to serious mental illness or emotional disturbance. The approved waiver provides for selection, through a proposal process, of 15 SIPP providers with one or two providers located in every area of the state.
- Diabetes Mail Order Waiver: Provides mail delivery of diabetes drugs and supplies at a lower rate than Medicaid fee for service allowable charges which results in a savings to the Medicaid program. Currently there are approximately 4,000 recipients in areas 4, 5, 6, & 7 using this service. These recipients can also access other prescription services through the mail order contractor if they desire or they can use other community pharmacy providers.

Managed Care

- Any Willing Provider Clause: For pharmacies only. HMO's with pharmacies located on-site are exempt. Independent pharmacies are reimbursed at the same rate as contract providers as long as they meet the requirements and standards for participation.
- Managed Care Choice Counseling: The counseling activities provide information to Medicaid enrollees to assist recipients in the selection of a health care provider; offers impartial information about MediPass and other prepaid health maintenance plans to enable recipients in their decision; if recipients do not choose a provider, they will be assigned to one of the available options in their locale.

Coverage for Targeted Population

- The Uninsured: Florida does not have a statewide indigent care program, however, there are local programs subsidized through special tax districts.

Cost Containment Measures

- Certificate of Need Program since 1973, amended in 2000. Regulates introduction or expansion of new institutional health facilities and services; exempts CON requirements for Medicare-certified home health agencies, respite care services, retirement communities and residential facilities that only serve retired military personnel and their dependents.
- Enacted legislation in 2002 to alleviate fiscal problems through the following actions:
 - Reduced the number of products covered under its preferred drug list.
 - Amended the Pharmaceutical Expense Assistance Program.
 - Reduced adult dental services to emergency need only.
 - Increased reimbursement rates to Medicaid participating organ transplant facilities.
 - Authorized medically necessary lung transplants for qualified recipients.
 - Lowered the income standard for the aged and disabled population.
 - Increased the income disregard for the medically needy program.
 - Eliminated implementation of "Ticket to Work" coverage for the working disabled.
- For FY 03, implemented a no-cost Hemophilia Revenue Enhancement Program whereby "found" rebates would be used to pay vendors 20% of the gross rebate dollars collected as a result of the program.
- Restored pharmaceutical dispensing fee increase for pharmacists serving nursing home residents and other institutional residents.
- Implemented a diverted pharmaceuticals project in selected counties.
- Implemented a pilot in areas 9 and 10 for home delivery of prescription drugs at a reimbursement level of AWP minus 14 percent.

SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures (Continued)

- Implemented a no-cost program for a one year prescription drug education demonstration project in Miami-Dade County focusing on mental health and HIV/AIDS drugs.
- For FY 04, contracted for drug rebate administration.
- Expanded Nursing Home diversion slots by 1,800.
- Eliminated FY 03 nursing home rate increase for liability insurance.
- Implemented a co-payment of \$15 for non-emergency use of hospital emergency department.
- Continued the Hemophilia Revenue Enhancement Program.
- Expanded home delivery program to include area 11.
- Continued the prescription drug education demonstration project in Miami-Dade County for mental health and HIV/Aids drugs.
- Expanded the state Maximum Allowable Cost (MAC) program for multi-source drugs.
- Expanded the pharmacy recipient lock-in program
- Procured a web-based, real-time prescription tracking and dispensing system.
- Required additional guaranteed savings for Value-Added programs.
- Implemented an additional 5% increase in generic drug rebates.
- Implemented co-insurance on prescription drug purchases.
- Increased third party recoveries.
- For FY 05, eliminated special Medicaid payments to Area Health Education Centers.
- Reduced inpatient hospital rates.
- Enrolled individual recipients in managed care within 30 days of the eligibility start date.
- Implemented a hospitalist program.
- Implemented a comprehensive utilization management program for hospital neonatal intensive care stays.
- Care coordination services and utilization management of inpatient psychiatric services for children.
- Reduced Outpatient Hospital Rates.
- Implemented a Physician Lock-In Program.
- Limited prescribed products to treat erectile dysfunction to a dosing level of no more than one pill per month.
- Increased the drug rebate threshold to a minimum of 29%.
- Implemented a system of Medicaid provider network controls.
- Eliminated current value-added programs in lieu of supplemental rebates, prior authorization and brand limitations.
- Implemented a behavioral pharmacy management system.
- Reduced Medicaid pharmacy ingredient prices to the lesser of Average Wholesale Price less 15.4% or Wholesaler Acquisition Cost plus 5.75 %.
- Expanded the state Maximum Allowable Cost (MAC) program.
- Implemented a prior authorization program for the off-label use of Neurontin.
- Implemented a policy to decrease the dosage frequency and amount of Zyprexa to the dosage amount recommended by the federal Food and Drug Administration.
- Implemented a policy to limit Cox II Inhibitor utilization to once a day unless prescribed for an indication requiring more frequent dosing per the FDA approved product label.

SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures (Continued)

- Implemented a comprehensive utilization management program for private duty nursing services for children.
- Consolidated services included in the Aged and Disabled Waiver, the Channeling Waiver, Project AIDS Care Waiver, and Traumatic Brain Injury and Spinal Cord Injury Waiver programs. Service consolidation shall be based on a grouping of similar services.
- Reduced ICF/DD rates.
- Eliminated Medicaid coverage of bed hold days for Medicaid beneficiaries residing in nursing homes and ICF/DD with reported occupancy levels less than 95%.
- Expanded the current nursing home diversion programs by at least 3,000 slots.
- Implemented a demonstration to reduce geriatric falls among at-risk community-based Medicaid beneficiaries who reside in Broward and Miami-Dade Counties.
- Reduced nursing home rates. In reducing the individual nursing home rate, the direct patient care component of the rate shall not be reduced.
- Decreased hospice rates as a result of decreasing nursing home rates.

Medicaid

- 24 optional services are offered.
- All licensed HMO's have to take part in Medicaid unless they already have enrolled a specified number of Medicaid or Medicare enrollees.
- Counties pay 35% or \$55 per month for each nursing home resident and 35% of the non-federal share for the 13th through 45th day of an inpatient stay for nursing home residents.
- Funded the Adult Cardiac Transplant Program as a result of the completion of a study as to the long term cost for this initiative.
- Expanded the Elderly Assisted Living Facility Waiver and the Elder Home and Community Based Services Waiver.
- Effective January 1, 2001, the Florida Medicare Prescription Discount Program will ensure that seniors do not pay full retail price for prescription drugs. The program requires pharmacies to charge Medicare beneficiaries a price no greater than average wholesale price of the ingredients minus 9% plus a dispensing fee of \$4.50 (applies to Medicaid dual eligibles).
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Enacted legislation to extend Medicaid coverage to individuals that could be eligible as a result of the federal Ticket to Work and Medicaid Buy-in legislation. The programs will provide services to individuals with disabilities that are required to enable them to gain or keep employment.
- Enacted legislation in 2002 to alleviate fiscal problems through the following actions:
 - Reduced the number of products covered under its preferred drug list.
 - Amended the Pharmaceutical Expense Assistance Program.
 - Reduced adult dental services to emergency need only.
 - Increased reimbursement rates to Medicaid participating organ transplant facilities.
 - Authorized medically necessary lung transplants for qualified recipients.
 - Lowered the income standard for the aged and disabled population.
 - Increased the income disregard for the medically needy program.
 - Eliminated implementations of "Ticket to Work" coverage for the working disabled.
- For FY 06, Florida has proposed a Medicaid Reform Model to change the state's role so that it is largely a purchaser of care, and provides oversight that will focus on improving access and quality of care. The state will implement Medicaid reform in phases, and, upon full implementation, the Medicaid Reform Model will be the primary delivery system in the state.

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

• To effectively implement the program, Florida is requesting a section 1115 waiver from CMS in order to obtain expenditure authority that permits the state to provide maximum flexibility in the program's administration. The request will seek waiver of statutory provisions relative to the following:

1. Approval and federal financial participation (FFP) for Medicaid reform benefits with cost-sharing for all Medicaid eligibility categories.
2. Approval and FFP for the Employer Sponsored Insurance (ESI) option, with cost-sharing, if applicable.
3. Approval and FFP for enhanced benefits expenditures.
4. Approval and FFP for the expansion of Medicaid coverage for individuals that have lost coverage with incomes below 200% of the FPL and are not otherwise eligible for Medicaid.
5. Approval and FFP for funds disbursed the a Low-Income Pool to eligible providers.

Children's Health Insurance Program: A Combination expansion of Medicaid and Florida Healthy Kids (Title XXI)

- Expanded Medicaid coverage for children age 15 to 19 in families with incomes up to 100% of the FPL; provides coverage for an additional 24,369 children/adolescents. The plan received HCFA approval on March 5, 1998.
- Expanded Florida Healthy Kids Program for children/adolescents age 5 to 19 in families with incomes up to 200% of the FPL (includes premium subsidies); provides coverage for an additional 279,146 individuals. The Florida Healthy Kids Program also offers full pay buy-in above 200% of the FPL; premiums of \$110 per month per member.
- Added Medikids Program to provide coverage for children from birth to age 5 in families with incomes up to 200% of the FPL; provides coverage for an additional 33,343 children. The plan received HCFA (CMS) approval on September 8, 1998.
- Added Children's Medical Services (CMS) Network program to provide coverage for individuals under the age of 18 with special health care needs in families with incomes up to 200% of the FPL; provides coverage for an additional 9,751 eligibles. CMS allows individuals with special needs to have a specialist as their primary care physician without any special authorization.
- Shifted coverage from MediKids and CMS Network to Medicaid for children birth to age one effective July 1, 2000.
- Received HCFA approval in March 2000 to implement a dental pilot program in Palm Beach and Dade counties.

Children's Health Insurance Program: A Combination expansion of Medicaid and Florida Healthy Kids (Title XXI) (Continued)

- Expanded Medicaid coverage to enroll children under age 1 with family incomes between 185% and 200% of the FPL and eliminated coverage for this group under MediKids and Title XXI CMS Network.
- The four programs combined provide health care coverage to approximately 323,513 individuals as of September 2004.

Tobacco Settlement

- The state expects to receive approximately \$18.6 billion through 2032.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$4.2 billion.
- The state has allocated these funds and compares with the U.S. as follows:

	FL	%	U.S.	%
Tobacco use prevention	\$161,924,000	3.9%	\$1,813,423,000	4.6%
Health services	\$1,215,061,000	29.2%	\$11,824,057,000	29.9%
Long-term care	\$200,988,000	4.8%	\$2,200,066,000	5.6%
Health research	\$40,242,000	1.0%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$839,489,000	20.1%	\$1,229,719,000	3.1%
Tobacco Farmers	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$1,700,000,000	40.8%	\$7,636,209,000	19.3%
Other	\$10,600,000	0.3%	\$10,048,868,000	25.4%
Total	\$4,168,304,000	100.0%	\$39,493,408,000	100.0%

FLORIDA